National University
College of Professional Studies
Department of Nursing

Post-Graduate Advanced Practice Registered Nurse

Certificate (PGC) Application

(Accepting California and Texas residents ONLY)

Please note there is a separate application for MSN applicants

The Baccalaureate degree program in nursing, Master's degree program in nursing, and Post-Graduate APRN Certificate
programs at National University is accredited by the Commission on Collegiate Nursing Education:
655 K Street NW, Suite 750
Washington, DC 20001, 202-887-6791

PLANETREE

Name of Student: _____ Student ID #: _____

Post-Grad APRN Certificate Program Admission Requirements Checklist

	Yes	No	Comments
Have completed the University Application for Graduate Admissions and meet the University requirements for graduate study, listed in the General Catalog under admission requirements.			
Hold a master's or doctoral degree in nursing from a program that meets one of these criteria 1) State Board of Nursing approved or is Regionally accredited.			
Provide proof of a current, active, and unencumbered RN license in the state of residence. (www.nursys.com)			License Number:
If you hold a current NP license in any State, it must be unencumbered. Please provide proof of this licensure (Only for nurses who already hold an NP license, such as Nurse Midwife, Nurse Anesthetist, FNP, PNP, PMHNP, etc.)			License Number:
Have a GPA of at least 3.0 in graduate course work, on a 4.0 scale. Candidates with a GPA below 3.0 will be considered by MSN Admissions Committee on a case-by-case basis under conditional admission.			
Complete the Course Waiver Form (pg. 10) and include course descriptions OR fill out the APRN Employment Verification Form (pg. 11).			
Provide at least two Letters of Recommendation (LOR's) preferably from individuals who hold graduate or doctoral degrees (pg. 8-9).			
Provide all official transcripts to Records@nu.edu for evaluation AND attach unofficial MSN transcripts to the application.			
Provide a current professional resume or CV.			
Provide a professional goal statement.			

Post-Grad Cert. Application Deadline (90 Days from Start Date):	Post-Grad Cert. Start Date (3P's waived)	Post-Grad Cert. Start Date (3P's included w/MSN Stu.)
January 8th, 2021	April 5th, 2021	July 5th, 2021
July 9th, 2021	October 4th, 2021	January 3rd, 2022
January 7th, 2022	April 4th, 2022	July 5th, 2022
July 8th, 2022	October 3rd, 2022	January 2nd, 2023

Orientation Dates (Mandatory Attendance to move forward):

- October 4th, 2021 Start Date/**Orientation August 27th, 2021**
- January 3rd, 2022 Start Date/**Orientation November 19th, 2021**
- April 4th, 2022 Start Date/**Orientation February 25th, 2022**
- July 5th, 2022 Start Date/**Orientation May 27th, 2022**
- October 3rd, 2022 Start Date/**Orientation August 26th, 2022**
- January 2nd, 2023 Start Date/**Orientation November 18th, 2022**

Advanced Practice Registered Nurse (APRN) Certificate Program Admission Requirements:

I.   **Completed Application Form:**
        Please submit this application and associated materials to your Enrollment Advisor.

II.   **Post-Secondary Official Transcripts:**
        Please have Official transcripts sent directly to records@nu.edu If your school does not offer this option, please have official sealed transcripts mailed to:

                National University Records Department
                9980 Carroll Canyon Road
                San Diego, CA 92131

        Transcripts from a foreign institution must be vetted first by our foreign evaluations process which your Advisor will guide you through. This must be done in advance of submitting the Graduate Nursing Application.

III.   **Personal Goal Statement:**
        The personal goal statement should be no more than two pages. It should include your interest in and your potential for contributing to the field of nursing, and how the statement is aligned with the mission of NU and the Department of Nursing Career objectives.

IV.   Recommendation Forms:

      Two Letters of Recommendation forms are required (pg.8-9). These recommendations should preferably come from individuals who hold graduate or doctoral degrees.

V.   Resume or Curriculum Vitae (CV):

      Provide a current professional resume or curriculum vitae that specifies all prior college level education (including school and dates of attendance) and employment in nursing (including employer and job role).

VI.   Course Waiver Form plus course descriptions (syllabi):

- NSG 681: Advanced Physical Assessment (taken w/in the last 5 years and passed with B or better)
- NSG 682: Advanced Pathophysiology (taken w/in the last 5 years and passed with B or better)
- NSG 641**:** Advanced Pharmacology (taken w/in the last 5 years and passed with B or better)

Or

APRN Employment Verification Form (Form needs only to be completed if above courses exceed the 5/7yrs, courses are passed with a letter grade of B or better, and currently employed as an Advanced Practice RN)

*** *Completed documents must be delivered back to your Enrollment Advisor who will attach them to your application for submission* ***

Application for Admission

Please select which of the following certificates you are applying for and tell us which states you can practice in:

	Family Nurse Practitioner Certificate
	Psychiatric/Mental Health Nurse Practitioner (Lifespan) Certificate

In which states are you approved to practice as a Registered Nurse? (make sure to include CA and TX)

_____

Biographical Information:

Last Name: _____ First Name: _____MI: _____

Birth Date: _____ SS Number: _____

Marital Status: _____ Gender: _____

Place of Birth: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____State: _____ Zip: _____

Emergency Contact Information:

Name:_____ Relationship:_____ Emergency

Phone Number: _____

Citizenship Status:

⌋ U.S. Citizen
⌋ U.S. Permanent Resident: Alien Reg. #: _____
⌋ Non-Residential Alien V i s a Type:_____**Ethnicity** *(optional)*:
⌋ Asian/Pacific Islander
⌋ American Indian/Alaskan Native
⌋ Black/Non-Hispanic
⌋ Latino/Hispanic
⌋ White/Non-Hispanic   ☐ Other

Science-related courses (3Ps): Advanced Pathophysiology, Advanced Pharmacology & Advanced Physical Assessment.

Course Prefix and Number	Institution	Year	Grade Earned

Employment (List most recent first):

Organization	City, State, Country	Title	Full-Time FT Part-Time PT	Years Employed

1. How did you learn about NU's Graduate degree program?

2. How did you learn about NU's Graduate degree program?

- ⌟ Website
- ⌟ College Fair
- ⌟ Conference
- ⌟ NU Student
- ⌟ NU Alumni
- ⌟ Other (please explain): _____

3. Date you took or intend to take the GRE *(optional)*: _____

4. Date you requested or intend to request GRE scores to be sent to NU *(optional)*: _____

5. Have you previously applied to NU?

     ⌟ Yes, which year and term? _____
     ⌟ No

6. Will you need financial aid?

     ⌟ Yes
     ⌟ No

7. If yes, have you completed the FAFSA?

     ⌟ Yes
     ⌟ No

8. Have you ever been disciplined, suspended, or expelled for conduct code violations from a postsecondary educational institution?

     ⌟ Yes
     ⌟ No

If yes, please explain in 100 words or less in the space provided or attach it separately.

Certification/Signature:

I certify that all the information I have provided on this application is complete, factually correct, and accurate. I understand that falsification, misrepresentation, or omission of information on this application and/or my credentials may result in the denial or revocation of admission and if enrolled, will result in disciplinary action including dismissal from the National University College of Professional Studies Department of Nursing.

_____   _____

Applicant's Signature   Date

National University School of Health and Human Services
Department of Nursing

EMPLOYMENT RECOMMENDATION FORM

Date: _____

Dear Recommender:

You are receiving this message because the applicant below is applying for admission to National University's Master of Science in Nursing Program (MSN) and has chosen you to complete a recommendation form on his/her behalf.

Applicant's Name/SID: _____

Program Specialization: _____

Recommendation Instructions: Recommendations are intended to provide a professional evaluation of the applicant's potential for academic success in graduate study. We are seeking applications from individuals who possess the intellectual and interpersonal qualities essential for an advanced practice nurse. We encourage your professional and personal candidness in providing an honest and thorough evaluation of the applicant. Please note that this recommendation form and its contents are kept confidential.

1. Your relationship to applicant?

   _____

2. What do you consider are the limitations or areas in need of improvement for this individual? _____

   _____
   _____
   _____

3. Please rate the applicant by checking the appropriate box for each appraisal category:

   _____

   1=-Inadequate Opportunity to Observe, 2=Below Average, 3=Average, 4=Above Average, 5=Exceptional,

	1	2	3	4	5
Interpersonal skills & ability to work well with others:	☐	☐	☐	☐	☐
Clinical decision-making skills:	☐	☐	☐	☐	☐
Professionalism:	☐	☐	☐	☐	☐

4. Additional Comments:
   Please comment on any other qualities/characteristics that you think we should take into consideration as we process their MSN application.

   _____
   _____
   _____
   _____

5. In summary, I would make the following applicant recommendation:

☐   ☐   ☐   ☐
Strongly recommend   Recommend   With Reservation   Strong Reservation

Please Type or Print:

Your Name & Academic Credentials: _____ _

_____

Title:_____   Organization: _____

Signature:_____   Date: _____

Thank you.

National University School of Health and Human Services
Department of Nursing

PGC FNP or PMHNP Certificate
Course Waiver Form

Student Name: Student ID #
Admissions Advisor Name: Date:
Program:

- **NSG 681: Advanced Physical Assessment (taken w/in the last 5 years and passed with B or better)**
- **NSG 682: Advanced Pathophysiology (taken w/in the last 7 years and passed with B or better)**
- **NSG 641: Advanced Pharmacology (taken w/in the last 5 years and passed with B or better)**

Or

If the courses were taken more than 5/7 years ago, complete the Licensed Practitioner Employment Verification Form (Form needs only to be completed if above courses exceed the 5/7yrs, courses but were passed with a letter grade of B or better, and the applicant is currently employed as an Advanced Practice RN)

Instructions: Complete the Course Waiver Form and attach course descriptions along with a copy of the unofficial transcripts where the 3Ps were completed. Please submit with Application Packet to your Admissions Advisor.

Course	Year Taken	Met by Outside **Course Number**	University Name
Advanced Nursing Practice Courses			
NSG 681 Advanced Physical Assessment *(within 5 years)*			
NSG 682 Advanced Pathophysiology *(within 7 years)*			
NSG 641 Advanced Pharmacology I *(within 5 years)*			
FNP or PMHNP Specialty Courses			
Course	Year Taken	Met by Outside Course	University Name

NOTE TO STUDENT & ADVISOR: This course waiver request must also be approved by faculty in addition to the Registrar. You will be notified via email when the course waiver has been reviewed and a decision is made.

National University School of Health and Human Services
Department of Nursing

Licensed Nurse Practitioner Employment Verification

Experienced, practicing, licensed nurse practitioners can waive NSG 641 Advanced Pharmacology I, NSG 681 Advanced Physical Assessment, and NSG 682 Advanced Pathophysiology.

To waive these three courses, you must be admitted in accordance with National University's existing admission requirements and processes for graduate level coursework, provide proof of your current, active and unencumbered APRN and RN license Certification along with being currently employed. To validate your current employment, please complete the form below. You name, company, name and the date must be legible on the document.

SECTION I: Employee's Information and Attestation

I attest that I am currently employed as an Advanced Practice Registered Nurse with the organization mentioned in

Section I.

Student's Name: _____ Student ID Number: _____

Business Telephone: _____ Work Email _____

Company: _____Job Title: _____

Company Address: _____

If not currently employed, indicate your last employment date: _____

License/Certification # and State/s: _____

RN License and State/s: _____

Please attach a copy of your job duties/responsibilities.

Employee/Student Certification (to be completed and signed by person in Section I)

Signature of Employee/Student: _____ Print Name: _____

SECTION II: Employer Review and Verification (to be completed by current employer)

The individual named in Section I is/was employed beginning: _____

The current status is: (please check one of the following)

☐ Still employed by the company   Start date: _____

☐ Voluntary termination effective: _____

☐ Involuntary termination effective: _____

CERTIFICATION: I attest that I have examined the documents/s presented by the above-named employee and have determined that 1. The information appears to be genuine to the employee named and is correct, and 2. To the best of my knowledge the student is a current employee.

Signature of person completing Employer's Section _____

Print name: _____Title: _____

Business phone: _____Business Email: _____